

FACILITY PROFILE SHEET

1. Facility Name: _____
2. Facility Address: _____

3. Facility Telephone Number: _____ FAX: _____
4. Facility Representative(s): _____
Telephone Number : _____ EMAIL: _____
5. Principal Owner(s): _____

6. Is this a PRIMARY or ALTERNATE Facility? _____ 7. Facility (**Permanent**) Permit Number _____

8. For all of the permits, authorizations, and licenses that authorize the facility to store, treat, recycle, or dispose hazardous waste the following information is required: The permitting authority's name and address; the permit number, the permit expiration date; wastes authorized by the permit using the European Waste Codes (EWCs) and a description of the treatment processes authorized.

Permitting Authority	Disposal/Treatment Permit Number Expiration		EWC and Treatment Process Description

9. For each waste that will be processed through the facility identify the waste stream, by CLIN, and the treatment process that will be used with the European Council Directive 91/156/EEC Annex II Codes.

Processed Waste (CLIN)	91 / 156 / EEC Annex II Code

If additional space for CLIN information is required, use same format on additional pages.